



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 47399-0015											
CLAIMS AS FILED - PART I						SMALL ENTITY		OR		OTHER THAN SMALL ENTITY							
FOR		NUMBER FILED (Column 1)		NUMBER EXTRA (Column 2)		RATE		FEE		RATE		FEE					
BASIC FEE (37 CFR 1.16(a))								\$ _____		OR		\$ 740					
TOTAL CLAIMS (37 CFR 1.16(c))		41		minus 20 = *		21		x \$ _____ =		OR		x \$ 18 = 378					
INDEPENDENT CLAIMS (37 CFR 1.16(b))		4		minus 3 = *		1		x _____ =		OR		x 84 = 84					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								+ _____ =		OR		+ _____ =					
TOTAL								OR		TOTAL		1,202					
* If the difference in column 1 is less than zero, enter "0" in column 2																	
CLAIMS AS AMENDED - PART II						SMALL ENTITY		OR		OTHER THAN SMALL ENTITY							
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE		ADDI-TIONAL FEE		RATE		ADDI-TIONAL FEE			
Total (37 CFR 1.16(c))		*		Minus		**		= 0		x \$ 9 =		OR		x \$ 18 =			
Independent (37 CFR 1.16(b))		*		Minus		***		= 0		x 42 =		OR		x 84 =			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								+ 140 =		OR		+ 280 =					
TOTAL								OR		TOTAL							
ADDIT. FEE								OR		ADDIT. FEE							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE		ADDI-TIONAL FEE		RATE		ADDI-TIONAL FEE			
Total (37 CFR 1.16(c))		*		Minus		**		= 0		x \$ 9 =		OR		x \$ 18 =			
Independent (37 CFR 1.16(b))		*		Minus		***		= 0		x 42 =		OR		x 84 =			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								+ 140 =		OR		+ 280 =					
TOTAL								OR		TOTAL							
ADDIT. FEE								OR		ADDIT. FEE							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE		ADDI-TIONAL FEE		RATE		ADDI-TIONAL FEE			
Total (37 CFR 1.16(c))		41		Minus		**		41		= 0		x \$ 9 =		OR		x \$ 18 =	
Independent (37 CFR 1.16(b))		4		Minus		***		4		= 0		x 42 =		OR		x 84 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))										+ 140 =		OR		+ 280 =			
TOTAL								OR		TOTAL							
ADDIT. FEE								OR		ADDIT. FEE							

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.